

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Map</i>		4/6/04
O.I.P.E. CLASSIFIER		49	4/2/04
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>SAB</i>	70303	4-12

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	8/1/03
2	7/13/04
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38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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61	✓
62	✓
63	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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Best Available Copy